



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T. HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
LOAN COMMISSIONER
COMPTROLLER GENERAL

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, GA 30333 INDUSTRIAL
(404) 656-2056 or (404) 656-4031
www.oci.ga.gov

1-1-2012

Instructions for Non-Resident Agency/Business Entity Application

- Effective 1-1-2012, submit with the application the Citizenship Affidavit Form GID-276-EN which is required of persons making application for all licenses in order to comply with the Georgia Illegal Immigration Reform And Enforcement Act.
- We do license the nonresident agency however we do not appoint the agency/business entity to represent an insurer – each individual agent must be appointed (certificate of authority) to represent the insurer.
- A Name Approval from GID is required when the following terms appear in the agency name: Insurance, Assurance, Surety, Fidelity, Indemnity, Reinsurance, and Reassurance. Contact GA Insurance Department at (404) 656-2074 for information.
 - Please submit a \$50 fee along with your request for name approval, to Attn: Kim Samuels - Regulatory Division, Office of Commissioner of Insurance, 2 MLK Jr. Drive, Suite 604, West Tower, Atlanta GA 30334.
- Currently, agencies with a Resident State of HI, KY, SD, TX, UT, VT, WA & WY must submit proof of GA Secretary of State Registration in order to be considered for licensure. Filing information may be obtained from the Georgia Secretary of State's website: <http://sos.georgia.gov>.
 - CA residents must submit a letter of good standing from the California Secretary of State. Filing information may be obtained from the CA SOS website: sos.ca.gov.
- Fee for licensure: \$50 for Principal and \$10 for Branch.
 - If applying for a branch license, the Principal Agency name & Resident state must be indicated.
 - If reinstating, indicate the agency's license number that is being reinstated.
- Check or money order must be made payable to Georgia Insurance Department/Pearson VUE.

Mail completed Application package to:

Pearson VUE
PO Box 281137
Atlanta, GA 30384-1137

For Overnight Packages:
Bank of America Lockbox Services
Lockbox 281137
6000 Feldwood Road
College Park, GA 30349

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Business Entity Insurance License/Registration

(Please Print or Type)

Check appropriate box for license requested.

- ☐ Resident License
- ☐ Non-Resident License
 - ☐ Identify Home State: _____
 - ☐ Identify Home State License #: _____

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, FINRA Firm Central Registration Depository (CRD)			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip Code
⑭ Foreign Country					
⑮ Phone Number (include extension) () -		⑯ Fax Number () -		⑰ Business Web Site Address	
⑱ Business E-Mail Address					
⑲ Mailing Address		⑳ P.O. Box		㉑ City	
㉒ State		㉓ Zip Code		㉔ Foreign Country	

Designated/Responsible Licensed Producer

㉕ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____

Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No	% of ownership interest _____

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Business Entity Insurance License/Registration

Jurisdiction and Type of License/Registration Requested –Major Lines of Authority																	
(27) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.																	
Legal Business Type:		C – Corporation		P – Partnership		S – Sole Proprietorship		LLC – Limited Liability Company		LLP – Limited Liability Partnership							
License/Registration Types:		A – Agent		B – Broker		P – Producer		SLP – Surplus Lines Producer		Y – Business Entity							
Lines of Authority:		V – Variable Life/Variable Annuity		L – Life		H – Accident & Health or Sickness		P – Property		C – Casualty		PL – Personal Lines					
Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority						
	C	P	S	LLC	LLP	A	B	P	SLP	Y	V	L	H	P	C	PL	
AK																	
AL																	
AR																	
AZ																	
CA																	
CO																	
CT																	
DC																	
DE																	
FL																	
GA																	
GU																	
HI																	
IA																	
ID																	
IL																	
IN																	
KS																	
KY																	
LA																	
MA																	
MD																	
ME																	
MI																	
MN																	
MO																	
MS																	
MT																	
NC																	
ND																	
NE																	
NH																	
NJ																	
NM																	
NV																	
NY																	
OH																	
OK																	
OR																	
PA																	
PR																	
RI																	
SC																	
SD																	
TN																	
TX																	
UT																	
VA																	
VI																	
VT																	
WA																	
WI																	
WV																	
WY																	

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Business Entity Insurance License/Registration

Jurisdiction and Type of License/Registration - Limited Lines of Authority

(28) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type: C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Company **LLP** – Limited Liability Partnership

License/Registration Types : A – Agent B – Broker P – Producer SLP – Surplus Lines Producer Y – Business Entity

Limited Lines: Credit – Credit CR – Car Rental CROP – Crop T – Travel S – Surety O – Other: Specify Type

Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority						
	C	P	S	LLC	LLP	A	B	P	SLP	Y	Credit	CR	Crop	T	S	O _____	
AK																	
AL																	
AR																	
AZ																	
CA																	
CO																	
CT																	
DC																	
DE																	
FL																	
GA																	
GU																	
HI																	
IA																	
ID																	
IL																	
IN																	
KS																	
KY																	
LA																	
MA																	
MD																	
ME																	
MI																	
MN																	
MO																	
MS																	
MT																	
NC																	
ND																	
NE																	
NH																	
NJ																	
NM																	
NV																	
NY																	
OH																	
OK																	
OR																	
PA																	
PR																	
RI																	
SC																	
SD																	
TN																	
TX																	
UT																	
VA																	
VI																	
VT																	
WA																	
WI																	
WV																	
WY																	



Uniform Application for Business Entity Insurance License/Registration

Background Information

29 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

Yes ___ No ___

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.



Uniform Application for Business Entity Insurance License/Registration

6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A ____
Yes ____ No ____

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes ____ No ____

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



Uniform Application for Business Entity Insurance License/Registration

Applicant's Certification and Attestation

- 30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
 2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
 3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
 4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
 5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
 6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Attachments

- 31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.oci.ga.gov****Illegal Immigration Reform And Enforcement Act
Notice****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)**

In accordance with O.C.G.A. § 50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with every application submitted to this Office:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

All applicants are required to submit LEGIBLE COPIES of these two (2) documents before an application can be processed. If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

MAILING INSTRUCTIONS

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

Spaces #1 - #3 – Applicant should put an X in the space that best describes the applicant's citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

Spaces #4 - #5 – Applicant should fill in the city and state in which this affidavit form is being notarized.

AN APPLICATION CANNOT BE PROCESSED IF THE CITIZENSHIP AFFIDAVIT FORM IS NOT COMPLETELY FILLED OUT.

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Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.ocl.ga.gov****Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)****O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

[Check ONLY ONE of the following:]

1) _____ I am a United States citizen; OR

2) _____ I am a legal permanent resident of the United States; OR

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

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Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334****www.oci.ga.gov****Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)****Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



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Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.oci.ga.gov

Illegal Immigration Reform And Enforcement Act Citizenship Affidavit Form

**ENFORCEMENT
GID-276-EN JAN2012
(replaces GID-235-SF)**

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]